MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET FOR USE WITH FORM PTO 2577

SERIAL NO.
10/ 599391

APPLICANT(S)

TOTAL CLAIMS

| IND. DEP. IND. DEP. IND. DE 51 52 53 54 555 56 57 758 58 59 60 61 61 62 63 64 65 66 67 68 69 70 71 71 72 73 74 75 75 76 77 78 89 80 81 82 83 84 85 87 88 89 90 90 91 91 92 93 94 95 96 97 98 99 100 TOTAL BER. TOTAL BER. TOTAL BER. TOTAL BER. | | | AS FILED | | AFTER | | AFTER 2 MAMENDMENT | |
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| | CLAIMS | | | 100 T | | 201 | | |